

Substitute for Form PTO-875

Application of Dock Number

10/683785

APPLICATION AS FILED - PART I  
(Column 1)

(Column 1)	(Column 2)
FOR	NUMBER FILED
BASIC FEE (37 CFR 1.16(a), (b), or (c))	
SEARCH FEE (37 CFR 1.16(k), (l), or (m))	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	
TOTAL CLAIMS (37 CFR 1.16(l))	minus 20 =
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))	

• If the difference in column 1 is less than zero, go to step 1.

If less than zero, enter "0" in column 2.

**TOTAL**

SMALL ENTITY	
RATE (\$)	Fee (\$)
X      =	
X      =	
<b>TOTAL</b>	

0

SMALL ENTITY	
RATE (\$)	FEE (\$)
X            =	
X            =	
TOTAL	

OR

APPLICATION AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	8/24/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(j))	29	Minus	29
	Independent (37 CFR 1.16(h))	S	Minus	5
	Application Size Fee (37 CFR 1.16(s))			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			(37 CFR 1.16(j))

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16))

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
$\times 25 =$	
$\times 100 =$	
<b>TOTAL ADD'L FEE</b>	

OR	OTHER THAN SMALL ENTITY
R	RATE (\$)
R	x <u>50</u> =
R	x <u>200</u> =
R	
	<b>TOTAL</b>
	ADD'L FEE

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (37 CFR 1.16(j))	*	Minus	**		=
Independent (37 CFR 1.16(h))	*	Minus	***		=
Application Size Fee (37 CFR 1.16(s))					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
<b>TOTAL ADD'L FEE</b>	

- If the entry in column 1 is less than the entry in column 2, write **top** in the **Top** column.
- If the "Highest Number Principle" is violated, write **bottom** in the **Top** column.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, put "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is 20 or more, put the number in column 3.

The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "0".

**The Highest Number Previously Paid For** (Total or Independent) is the highest number found in the appropriate box in column 1. **DO NOT PAY FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 and ask for the Customer Service Center.*